

#### **BO Account Opening Form**

(Bye Law 7.3.3 (b)

**CDBL Bye Laws** Form 02 Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent only to the First Named Account Holder's correspondence address. Application No ..... Date (DDMMYYYY)..... Please Tick whichever is applicable BO Category: Regular Omnibus Clearing BO Type: Individual Joint Holder Company Name of CDBL Participant (Up to 99 Characters) CDBL Participant ID Date Account Opened (DDMMYYYY) 1 2 0 4 4 4 4 3 0 0 / We request you to open a Depository Account in my / our name as per the following details: 1. First Applicant Name in Full of Account Holder (Up to 99 Characters) Short Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Mrs / Dr, abbreviate only if over 30 characters) (In case of a Company/Firm/Statutory Body) Name of Contact Person In Case of Individual Male Female Occupation (30Characters) ...... Father's / Husband's Name 2. Contact Details: Address Post Code......State / Division ......Country Mobile Phone......Fax.....E-mail.... 3. Passport Details 4. Bank Details Bank Name..... ......Branch Name.......Account No... Electronic Dividend Credit: Yes No Tax Exemption if any: Yes No 5. Others Information Non Resident Nationality...... Date Of Birth (DDMMYYYY) Residency: Resident Statement Cycle Code Daily Weekly Fortnightly Monthly Other (Please Specify) .... Internal Ref. No (To be filled in by CDBL Participant) In Case of Company: Date of Registration (DDMMYYYY) Registration No... 6. Joint Applicant (Second Account Holder) Name in Full (Up to 99 Characters)..... Short Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Mrs / Dr, abbreviate only if over 30 characters) Title i.e. Mr. /Mrs. /Ms. /Dr.

**CDBL Bye Laws** Form 02 7. Account Link Request Would you like to create a link to your existing Depository Account? Yes If yes, then please provide the Depository BO Account Code ( 8 Digits): 8. Nominees/ Heirs If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be fiiled up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided. 9. Power of Attorney (POA) If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be fiiled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form. 10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account Trading ID..... Exchange Name DSE CSE Trading ID..... 11. Photograph Please paste Please paste Please paste recent passport recent passport recent passport size Photograph of size Photograph of size Photograph of 1st Applicant or 2nd Applicant or Authorized Authorized Authorized Signatory in case Signatory in case Signatory in case of Limited Co. Only of Limited Co. Only of Limited Co. Only 1st Applicant or Authorized 2nd Applicant or Authorized Authorized Signatory in case of Signatory in case of Ltd Co. Only Signatory in case of Ltd Co. Only Ltd Co. Only 12. Standing Instructions I/We authorize you to receive facsimile (fax) transfer instructions for delivery. No Yes 13. DECLARATION The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action. Applicants Name of applicants / Authorized signatories in case of ltd Co. Signature with date First Applicant Second Applicant 3rd Signatory (Ltd Co. only) 14. Special Instructions on operation of Joint Account Any one Can operate Any two will operate jointly Either or Survivor. Account will be operated by with any one of the others. Introduction Introduction by an existing account holder of ..... Depository Participant's Name I confirm the identity, occupation and address of the applicant(s).....

(Signature of Introducer)



РНОТО

# FORM - IA [SEC Rule 8(1) (ccc )]

Signature of Member/Director/General Manager or Manager accepting the account.

### CUSTOMER ACCOUNT INFORMATION FORM

		Customer Code:	
Account Type Cash ( ) Margin ( ) Speci	ial Remarks ( ) (If any)	):	
Name of the Customer			
(i) (1st applicant)			
(ii) (2nd applicant)			
Father's /Husband's/CEO's (In case of f			
(i) (1st applicant)			
(ii) (2nd applicant)			
Mother's Name: (i) (1st applicant)			
(ii) (2nd applicant)			
Date of Birth	Sex	National ID No	Nationality
(i) (1st applicant)	_ Male _ Female _		_
(i) (2nd applicant)	_ Male □ Female □		
Present Address:			
(i) (1st applicant)			
(ii) (2nd applicant)			
Telephone & Mobile			
Permanent Address:			
(1st applicant)			
(ii) (2nd applicant)			
Telephone& Mobile			
Name with address of the authorised person (POA)	of the Customer (If applicab	ole)	
Officer or Director of any Stock Exchnage/List	ed Company? Yes No		
If yes, name of the Stock Exchange/Listed com	pany:		
Name & Address of the Person introducing the	customer (If any):		
Special Instruction (If any):			
Signature & Date of the Authorised per	rson of the customer (	If any)	Date
Signature & Date of the person introdu	cing the Customer		Date
(i) (ii)			
<u>``</u>	ature of(2nd applicant)		Date

Date



Dear Sir,

Please open a Depository account (BO Account) in my/our names(s) on the terms and conditions set out bellow. In consideration of **FIRST CAPITAL SECURITIES LIMITED** (the "CDBL Participant") opening the account providing depository account facilities to me/us, I/we have signed the BO Account Opening Form as a token of acceptance of the terms and conditions set out bellow.

- 1. I/we agree to be bound by The Depositories Act, 1999, Depositories Regulations, 2000, The Depository (User) Regulations 2003, and abide by the Bye Laws and Operating Instructions issued from time to time by CDBL.
- 2. CDBL shall allocate a unique identification number to me/us (Account Holder BO ID) for the CDBL Participant to maintain a separate Account for me/us, unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed with the CDBL Participant's own securities.
- 3. I/we agree to pay such fees, charges and deposits to the CDBL Participant, as may be mutually agreed upon, for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL Participant.
- 4. I/we shall be responsible for:
  - (a) The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents;
  - (b) The authenticity and genuineness of all certificates and/or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization;
  - (c) Title to the securities submitted to the CDBL Participant from time to time for dematerialization;
  - (d) Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL Participant for effecting any transaction / transfer;
  - (e) Informing the CDBL Participant at the earliest of any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature, etc.;
  - (f) Furnishing accurate identification details whilst subscribing to any issue of securities.
- 5. I/we shall notify the CDBL Participant of any change in the particulars set out in the application form submitted to the CDBL Participant at the time of opening the account or furnished to the CDBL Participant from time to time at the earliest. The CDBL Participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest.
- 6. Where I/we have executed a BO Account Nomination Form
  - a) In the event of my/our death, the nominee shall receive/draw the securities held in my/our account
  - b) In the event, the nominee so authorised remains a minor at the time of my/our death, the legal guardian is authorised to receive/draw the securities held in my/our account.
  - c) The nominee so authorised, shall be entitled to all my/our account to the exclusion of all other persons i.e., my/our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of this authority shall be binding on all other persons.
- 7. I/we may at any time call upon the CDBL Participant to close my/our account with the CDBL Participant provided no instructions remain pending or unexecuted and no fees or charges remain payable by me/us to the CDBL Participant. In such event I/we may close my/our account by executing the Account Closing Form if no balances are standing to my/our credit in the account. In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways:

- (a) By rematerialization of all existing balances in my/our account;
- (b) By transfer of all existing balances in my/our account to one or more of my/our other account(s) held with any other CDBL Participant(s);
- (c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my /our other account(s) with any other CDBL Participant(s);
- 8. CDBL Participant covenants that it shall
  - a) act only on the instructions or mandate of the Account Holder or that of such person(s) as may have been duly authorized by the Account Holder in that behalf.
  - b) not effect any debit or credit to and from the account of the Account Holder without appropriate instructions from the Account Holder.
  - c) maintain adequate audit trail of the execution of the instructions of the Account Holder.
  - d) not honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless:
  - (i) Such instructions are issued by the Account Holder under his signature or that of his/its constituted attorney duly authorized in that behalf;
  - (ii) The CDBL Participant is satisfied that the signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder or his / its constituted attorney available on the records of the CDBL Participant;
  - (iii) The balance of clear securities available in the Account Holder's account are sufficient to honour the Account Holder's instructions.
- e) furnish to the Account Holder a statement of account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each financial year. The CDBL Participant shall furnish such statements at such shorter periods as may be required by the Account Holder on payment of such charges by the Account Holder as may be specified by the CDBL Participant. The Account Holder shall scrutinize every statement of account received from the CDBL Participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL Participant any mistakes, inaccuracies or discrepancies in such statements.
- f) promptly attend to all grievances / complaints of the Account Holder and shall resolve all such grievances / complaints as it relate to matters exclusively within the domain of the CDBL Participant within one month of the same being brought to the notice of the CDBL Participant and shall forthwith forward to and follow up with CDBL all other grievances / complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavour to resolve the same at the earliest.
- 9. The CDBL Participant shall be entitled to terminate the account relationship in the event of the Account Holder:
- (a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf;
- (b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained or prohibited by any direction, order or decree of any court or the Securities and Exchange Commission;
- (c) Commits or participates in any fraud or other act of moral turpitude in his / its dealings with the CDBL Participant;
- (d) Otherwise misconducts himself in any manner.
- 10. Declaration and Signature

I/we hereby acknowledge that I/we have read and understood the aforesaid terms and conditions for operating Depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicants	Name of applicants / Authorized signatories in case of ltd Co.	Signature with date
First Applicant		
Second Applicant		
3rd Signatory (Ltd Co. only)		



Power of Attorney (POA) Form

**CDBL Bye Laws** Form 20 Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02. Application No ..... Date (DDMMYYYY)..... Name of CDBL Participant (Up to 99 Characters) FIRST CAPITAL SECURITIES LIMITED CDBL Participant ID 4 4 3 0 0 2044300 Account holder's BO ID Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) Power of Attorney Holder's Details Name in Full Short Name of Power of Attorney Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Mr. / Mr, abbreviate only if over 30 characters) Title i.e. Mr/Mrs 1. Power of Attorney Holder's Contact Details: Address Mobile Phone......Fax......E-mail..... 2. Power of Attorney Holder's Passport Details 3. Others Information of Power of Attorney Holder Residency: Resident Non Resident Nationality......Date Of Birth (DDMMYYYY) Power of Attorney Effective From Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.):

CDBL Bye Laws Form 20

4. Photograph of Power of Attorney Holder						
	Please paste recent passport size Photograph					

#### **5. DECLARATION**

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

(POA Holder)

Applicants	Name of applicants / Authorized signatories in case of ltd Co.	Signature with date
POA Holder		
First Applicant		
Second Applicant		
3rd Signatory (Ltd Co. only)		



## **BO Account Nomination Form**

CDBL Bye Laws Form 23

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02.

Application No	Date (DDMMYYYY)
Name of CDBL Participant (Up to 99 Characters)	
FIRST CAPITAL SECURITIES LIN	CDBL Participant ID  4 4 3 0 0
Account holder's BO ID	
Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if ove	er 30 characters)
/ We nominate the following person(s) who is/are entitled to receive securities outs he death of the sole holder / all the joint holders.	standing in my/our account in the event of
1. Nominee / Heirs Details	
Nominee 1 Name in Full	
Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 cl	haracters) Title i.e. Mr. / Mrs.
Relationship with A/C Holder:  Address  City	
Passport NoIssue PlaceIssue Date	Expiry Date
Residency: Resident Non Resident NationalityDate Of Birth	(DDMMYYYY)
Guardian's Details (if Nominee is a Minor) Name in Full	
Short Name (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate	e only if over 30 characters)
The restriction of the starting with rate i.e. with a big absorbed at	
Relationship with NomineeDate of Birth of Minor (DDMMYYYY)	Maturity Date of Minor(DDMMYYYY )
Address	
City	Telephone
Mobile PhoneFaxE-mail	
Passport NoIssue PlaceIssue Date	Expiry Date
Residency: Resident Non Resident Nationality	h (DDMMYYYY)

CDBL Bye Laws Form 23

Nominee 2 Name in Full																										
Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)  Title i.e. Mr. / Mrs.																										
Relationship with A/C Ho	Relationship with A/C Holder: Percentage (%)																									
Address																										
City	Pos	t Cod	e		State	/ Divis	ion			Coı	untry.						.Tel	epho	one							
Mobile Phone		Fax				E-m	nail																			
Passport No		lssı	ue Pla	ace				.lssu	e Da	ate				E	xpiry	Dat	e									
Residency: Resident	Non R	eside	nt _	Natio	nality						Da	te Of	Birth	(D	DMN	ЛYY	YY,						_			
Guardian's Details (if No Name in Full	ominee is	a Min	ior)																							
Short Name (Insert ful	I name sta	arting	 with <sup>-</sup>	 Title i.e.	 Mr. /	 Mrs./	 Ms / [	 Dr, at	 brev	viate	 only if	over	 30 c	 hara	cter	s)							••••			
								<u> </u>			Í															
Relationship with Nominee				_ D	ate of	Birth of	f Mino	r (DDI	MMY	_ /YYY )					.Matı	urity l	Date	e of N	Min	or(D	D۱	ИМΥ	/YY	Υ).		
Address																										
City	Ро	st Cod	de		.State	/ Divisi	ion				Сои	ıntry							Tele	epho	ne.					
Mobile Phone		.Fax			E-r	nail																				
Passport No	-	lss	ue Pla	ıce				Iss	sue C	Date					Expir	ry Da	ıte									
Residency: Resident	Non Res	ident		Natio	nality						Da	te Of E	Birth	(DDI	MMY	YYY)	)									
2. Photograph of No	minees /	Heirs	<b>;</b>																							
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Nominee / Heir 1	1			Nomin	ee / He	eir 2					G	iuardia	ın 1							Gı	uar	dian	2			
					Nan	ne												Signa	atur	е		_		_	_	
Nominee / Heir 1																										
Guardian 1																										
Nominee / Heir 2																										
Guardian 2																										
First Account Holder																										
Second Account Holder																										



Branch:
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01. Name of Account Holder:	Les		20.4 (1) (2)					
02. Account Type:	03. Tra	03. Trading ID:						
04. BO Account No.:	Super grade	*	tanggo trundon wity kan work.					
05. Name of Officer Opening the Acc	count:	(fyugdiss)	one VigiteracialeR ett yll					
06. Nature of Business and Source	of Fund:		acetal					
07. Describe how the source of fund commensurate with the nature of bu								
08. Who is the Beneficial Owner of the single shareholder holding 20% or n	· World	n of the shareholder co	ntrolling the company and the					
09. Passport No. :		Photocopy Obta	ined? Yes/No (If Applicable)					
09. Voter ID Card No. :	Flak Leyel	Photocopy Obta	ined? Yes/No (If Applicable)					
10. National ID Card No.:	Median	Photocopy Obta	ined? Yes/No (If Applicable)					
11. TIN No. :		Photocopy Obta	ined? Yes/No (If Applicable)					
12. VAT Registration No.:	Send's Abilg	Photocopy Obta	ined? Yes/No (If Applicable)					
13. Driving License No. :	10.090	Photocopy Obta	ined? Yes/No (If Applicable)					
14. For Non-Resident and Foreigner (Resident/Work):	rs ensure the reason for openin	g the account in Bangl	adesh. Type of visa					
45 1411 - 1 - 0	(SH	No.						

#### 15. What does the Customer do/in what type of business is the customer engaged?

SI.	Category	Risk Level	Score		
01	Jewelry/Gems Trade	High	5		
02	Money Changer/Courier Service				
Len	Agent	High	5		
03	Real Estate Agent	High	5		
04	Promoter of Construction Project	High	5		
05	Offshore Corporation	High	5		
06	Arts/Antique Dealer	High	5		
07	Owner of Restaurant/ Bar/Night				
	Club/Residential Hotel	High	5		
08	Import/Export Agent	High 5			
09	Cash Investor (Monthly Cash				
	Investment> Tk. 25 Lac)	High	5		
10	Share/Stock Broker	High	5		
11	Manpower Export Business	High	5		
12	Operations in Multiple Locations	High	5		
13	Movie Producer/Distribution Agency	High	5		
14	Arms Trade	High	5		
15	Mobile Phone Operator	High	5		
16	Traders (Annual Turnover of More				
	than Tk. 1 Crore)	High	4		
17	Travel Agent	High	4		
18	Transport Operator	Medium	3		
19	Auto Dealer (Reconditioned Car)	Medium	3		
20	Leasing/Finance Company	Medium 3			
21	Freight/Shipping/Cargo Agent	Medium	3		

SI.	Category	Risk Level	Score
22	Insurance/Brokerage Agency	Medium	3
23	Religious Institute/Organization	Medium	3
24	Amusement Organization/Park	Medium	3
25	Motor Parts Trader	Medium	3
26	Tobacco & Cigarette Business	Medium	3
27	Auto Primary (New Car)	Low	2
28	Shop Owner (Retail)	Low	2
29	Business Agents	Low	2
30	Small Trader (Annual Turnover less	i i	
	than Tk. 50 Lac)	Low	2
31	Self-Employed Professional/	The state of the	
- 1	Entrepreneur	Low	2
32	Corporate Customer	Low	2
33	Hardware/Construction Materials		
	Trader	Low	2
34	Computer/Mobile Phone Dealer	Low	2
35	Software Business	Low	1
36	Manufacturer (Other than Arms)	Low	1
37	Retired from Service	Low	0
38	Service	Low	0
39	Student	Low	0
40	Housewife	Low	0
41	Farmer	Low	0
42	Others(Risk Score may	-	
	be assigned depending on Category)		- 8124

. What is the Net Worth? Sales Turno					
Amount (Tk.)		Risk Level	Risk Rating		
0 - 50 Lac		Low	tebioH Int 0 30A 70 small		
50 Lac - 2 Cros	e	Medium	294141		
>2 Crore		High	390% 190035		
. How was the account opened:		Risk Level	Risk Rating		
Type  By the Relationship Mana	ager/Branch	Low	0		
By Direct Sales A		Medium	1		
Internet	gont	High	3 2 10 00 10		
Walk-in/Unsolici	ted	High	3		
. Expected Amount of Monthly Total	ransactions:		•		
Amount of total Transaction in T	rading A/C (Tk. Lac)	Risk Level	Risk Rating		
0 - 10	Petrico compris de ner	Low	MINUTED SOURCE SEGOTOR SERVICES.		
10 - 50	iadairstoa kev giriand	Medium	consucate with the nature of business		
>50		High	3		
. Expected Number of Monthly Total	Transactions:				
Number of total Transaction		Risk Level	Risk Rating		
0 - 100	HOO TEATER OF THE CORP.	Low	0		
101 - 250		Medium	en no cres priside pelocatistic a		
>250		High	3		
D. Expected Amount of Monthly Cash	Transactions:				
Amount of Cash Transaction in 1		Risk Level	Risk Rating		
0 - 15	tistdQ yuccelon3	Low	easer ID Carcovo.		
16 - 30		Medium	11		
>30	LANCOOKY CONELL	High			
I. Expected Number of Monthly Cash	Transactions:		.ou ht		
Number of Cash Transaction		Risk Level	Risk Rating		
0 - 15		Low	0		
16 - 30	19LinO visoseturie	Medium	ol/Letrano prica		
>30		High	3		
2. Overall Risk Assessment:	OUT TO INTRODUCE OUT	genna i i sa roccan orbi e centrag	or those Passions and Foreign In		
Total Calculated Rating	Risk Rating	Risk Assessment	Meaning		
	>=14	High	(Risk of Money Laundering is High		
	<14	Low	(Risk of Money Laundering is Low		
•	10805018 1811	STATE OF BURNARYS IS THE CHARA	yaut does tae Uustomer Goral-Hai		
omments:	14 nevertheless the customer r	may be classified as High Risk Customer d	epending on subjective judgment mentioning rea		
23. Has the address(es) of the Acco 24. If Yes, How verified?		Yes / No	real business generally and Projects Otherwise Obsperation Find Arthruse Dealer		
25. Politically Exposed Persons (PEFA. Obtained Approval from Senior MaB. Source of Fund:  C. Face to Face Interview with the C	anagement?	Yes / No Yes / No	Swinds of Headunath Barmight  This Pendenhal Head  had the spirit figur  That Leester (Morthly Cash  by an The Strate)		
Prepared by: (A/C Opening Officer	/Customer Service Officer)	Approved by: (Branch I	Manager/ Branch In charge)		
		Signature (with Seal):			
Signature (with Seal): Name: Date:		Name: Date:			

Signature: Name: Date:



# **Signatory Card**

#### **Code No:**

(1 <sup>st</sup> Applicant)	(2nd Applicant)	(Power of Attorney)	(Nominee)
Name:	Name:	Name:	Name:
Signature	Signature	Signature	Signature

Special Instruction (if any)